

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 49

For Official Use Only

Statement covers period

from 10/01/2011

through 12/31/2011

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee  
☒ Primary Formed  
☐ Controlled  
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)

Update summary page and schedule F.

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1322759

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc.,  
American Lung Association in California, American Heart Association and Cancer Research Doctors

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	(707)822-8084

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER

Roman J. Bowser

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 291-7012

NAME OF ASSISTANT TREASURER, IF ANY

Eric Batch

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90017	(213) 291-7093

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/10/2012 By Eric Batch  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/10/2012 By Eric Batch  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 49

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Imposes Additional Tax on Cigarettes for Cancer Research. Initiative Statute. Proposition

BALLOT NO. OR LETTER

JURISDICTION

29

Statewide

☒ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b> Page 3 of 49 I.D. NUMBER 1322759
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$310,629.30	\$584,583.30
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$318,500.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$310,629.30	\$903,083.30
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$143,387.18	\$486,118.37
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$454,016.48	\$1,389,201.67

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$84,930.77	\$338,428.02
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$84,930.77	\$338,428.02
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	\$33,786.24	\$259,467.88
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$143,387.18	\$486,118.37
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$262,104.19	\$1,084,014.27

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

Current Cash Statement		
12. Beginning Cash Balance .....	Previous Summary Page, Line 16	<u>\$20,642.63</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>\$310,629.30</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>\$0.00</u>
15. Cash Payments .....	Column A, Line 8 above	<u>\$84,930.77</u>
16. <b>ENDING CASH BALANCE</b> .....	Add Lines 12 + 13 + 14, then subtract Line 15	<u>\$246,341.16</u>
If this is a termination statement, Line 16 must be zero.		
<hr/>		
17. <b>LOAN GUARANTEES RECEIVED</b> .....	Schedule B, Part 2	<u>\$0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$577,967.88

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2011	through 12/31/2011	
		Page 4 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$536,783.36	
12/14/2011	American Lung Association in California Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250,000.00	\$334,000.00	
12/7/2011	David W. Anderson Orinda, CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BDC Advisors Healthcare Consultant	\$100.00	\$100.00	
10/11/2011	Diana Ashkenasy Montebello, CA 90640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pasadena City College Library Media	\$100.00	\$100.00	
11/22/2011	Linda C. Avlakeotes Redwood City, CA 94061	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	

**SUBTOTAL**

## Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... \$306,950.00

2. Amount received this period - unitemized contributions of less than \$100 ..... \$3,679.30

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** \$310,629.30

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page <u>5</u> of <u>49</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/17/2011	Balazs Ernie Bodai Carmichael, CA 95608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Surgeon	\$500.00	\$500.00	
11/22/2011	Carol Boettcher Irvine, CA 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SpeakerPower, Inc. Office Manager	\$100.00	\$100.00	
11/27/2011	Victor P. Bonfilio San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Victor P. Bonfilio, JD, Ph.D. Psychologist	\$100.00	\$100.00	
11/29/2011	Lori Greenstein Bremner Sonoma, CA 95476	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orion Partners Property Manager	\$100.00	\$100.00	
11/2/2011	John Briscoe Novato, CA 94949	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	John Briscoe, Ivester and Bazel, LLP Attorney	\$200.00	\$200.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 6 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/22/2011	Ron Bucher Sunnyvale, CA 94087	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Unemployed	\$300.00	\$300.00	
11/4/2011	Kathleen Cain-Carrithers Fresno, CA 93711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Valley Health System Chief Financial Officer	\$100.00	\$100.00	
11/28/2011	Gilbert Chu Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Stanford University Professor	\$100.00	\$100.00	
11/4/2011	Jennie R. Cook Larkspur, CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$1,000.00	\$1,000.00	
12/17/2011	Diane Davis Yorba Linda, CA 92886	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 7 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Denis Ducey San Leandro, CA 94577	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$500.00	\$500.00	
10/29/2011	Clifford Eke Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Surgeon	\$1,500.00	\$1,500.00	
11/14/2011	Edward B. Fassiotto San Luis Obispo, CA 93405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Maria-Bonita School District Coordinator of Maintenance, Operations & Facilities	\$100.00	\$100.00	
11/29/2011	Gail P. Ramos Lung Cancer Foundation, Inc. Fairfield, CA 94534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/28/2011	Stanton A. Glantz San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California, San Francisco Professor	\$200.00	\$200.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 8 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2011	Bonnie Godfrey Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Curci Asset Management Project Manager	\$100.00	\$100.00	
11/4/2011	John M. Greif La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bay Area Breast Surgeons, Inc. Physician	\$500.00	\$500.00	
10/30/2011	Gaylene Hall Elk Grove, CA 95624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ingram Entertainment Key Account Manager	\$100.00	\$100.00	
10/31/2011	Kathleen N. Hull Oakland, CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kathleen N. Hull, Psychologist Psychologist	\$250.00	\$250.00	
11/16/2011	Carol L. Jackson Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Macy's Retail Executive	\$1,000.00	\$1,000.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 9 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Jeffrey Kean Pasadena, CA 91104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bank of America Banker	\$100.00	\$100.00	
11/4/2011	Howard B. Kleckner Palo Alto, CA 94303	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Oncologist	\$1,000.00	\$1,000.00	
11/28/2011	Eleanor Klein Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$1,000.00	\$1,000.00	
11/10/2011	James Knox Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	American Cancer Society Government Relations	\$1,000.00	\$1,000.00	
11/4/2011	Stephanie Lane Atherton, CA 94027	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Philanthropist	\$1,000.00	\$1,000.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 10 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Cynthia M. Le Blanc Richmond, CA 94804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Retired	\$1,000.00	\$1,000.00	
11/4/2011	Eva K. Lean San Juan Capistrano, CA 92675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Onco Therapies Radiation Oncologist	\$1,000.00	\$1,000.00	
11/8/2011	R. Christopher Locke San Anselmo, CA 94960	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farella Braun & Martel Attorney	\$100.00	\$200.00	
11/4/2011	Raymond J. Melrose Los Angeles, CA 90045	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oral Pathology Associates, Inc. Co-Owner	\$1,000.00	\$1,000.00	
11/4/2011	Helen A. Mendel Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	All Pro Promotions Company President	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 11 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2011	Frederick J. Meyers Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California Physician	\$1,000.00	\$1,000.00	
11/4/2011	Kimberley Mulvihill Park City, UT 84098	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KPIX-CBS Reporter	\$1,000.00	\$1,000.00	
11/4/2011	Laura Nathan Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mills College/UC Berkeley Professor	\$200.00	\$200.00	
11/22/2011	Hanh T. Nguyen San Jose, CA 95116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vinh Quy Nguyen, MD Manager	\$100.00	\$100.00	
12/31/2011	Rebecca Perata Rosati Alameda, CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vox Populi Owner	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 12 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2011	Jon Q. Reynolds Concord, CA 94520	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Reynolds & Brown Real Estate Development & Management	\$1,000.00	\$1,000.00	
12/1/2011	Carolyn F. Rhee Chatsworth, CA 91311	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	County of Los Angeles Medical Center Chief Executive Officer	\$100.00	\$100.00	
11/4/2011	Mack Roach San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC San Francisco, Department of Radiation Oncology Radiation Oncologist	\$1,000.00	\$1,000.00	
11/29/2011	Christy A. Russell Altadena, CA 91001	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of Southern California Physician	\$1,000.00	\$1,000.00	
10/29/2011	Georgia Robins Sadler La Jolla, CA 92037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSD Moores Cancer Center Associate Director	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 13 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2011	Mark Segal Arcadia, CA 91006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nigro, Karlin, Segal & Feldstein Accountant	\$10,000.00	\$10,000.00	
11/4/2011	Diane Singleton Sebastopol, CA 95472	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	O'Brien Watters & Davis, LLP Attorney	\$100.00	\$100.00	
11/4/2011	Georjean Stoodt Davis, CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Preventative Medicine Specialist, Georjean Stoodt Preventative Medicine Specialist	\$500.00	\$500.00	
11/24/2011	Technical Safety Services Berkeley, CA 94710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
11/22/2011	Lisa Troedson Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Homemaker	\$100.00	\$100.00	

**SUBTOTAL**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through	12/31/2011	Page 14 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/1/2011	George Zimmer Fremont, CA 94538	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Men's Wearhouse Executive	\$500.00	\$500.00	
11/22/2011	Suzanne Zurinaga San Francisco, CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Suzanne Zurinaga, Interior Designer Interior Designer	\$100.00	\$100.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL** \$306,950.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA FORM 460

Page 15 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER

1322759

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY73  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$20,000.00  11/2/2010 DATE DUE	 RATE %  	\$20,000.00  2/25/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY77  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$20,000.00  11/2/2010 DATE DUE	 RATE %  	\$20,000.00  3/3/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY85  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$50,000.00  11/2/2010 DATE DUE	 RATE %  	\$50,000.00  3/9/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \$0.00  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) Net \$0.00  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA  
FORM **460**

Page 16 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER

1322759

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY89  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$20,000.00  11/2/2010 DATE DUE	  RATE %	\$20,000.00  3/15/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY118  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$40,000.00  11/2/2010 DATE DUE	0.00  RATE %	\$40,000.00  3/23/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY106  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$20,000.00  11/2/2010 DATE DUE	  RATE %	\$20,000.00  3/30/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA  
FORM **460**

Page 17 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER

1322759

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY120  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$50,000.00  11/2/2010 DATE DUE	0.00 % RATE	\$50,000.00  4/7/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY125  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$20,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$20,000.00  11/2/2010 DATE DUE	RATE %	\$20,000.00  4/12/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY168  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$60,000.00  11/2/2010 DATE DUE	RATE %	\$60,000.00  4/27/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 1 Loans Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 1

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA  
FORM **460**

Page 18 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER

1322759

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY189  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$3,500.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$3,500.00  11/2/2010 DATE DUE	  RATE %  	\$3,500.00  6/17/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
HOPE 2010 Cure Cancer (Perata Ballot Measure Committee) Sacramento, CA 95814 Committee ID: 1274538 Memo Reference: PAY192  <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00		<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	\$15,000.00  11/2/2010 DATE DUE	  RATE %  	\$15,000.00  6/22/2010 DATE INCURRED	CALENDAR YEAR  \$0.00 PER ELECTION**
  <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN	  DATE DUE	  RATE %  	  DATE INCURRED	CALENDAR YEAR  PER ELECTION**
SUBTOTALS						\$318,500.00		

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_  
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_  
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 19 of 49
I.D. Number 1322759	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER  DATE		CALENDAR YEAR  PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 20 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Training; In-Kind Date: 10/1/11 - 10/31/11	\$37.00	\$536,783.36	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage; In-Kind Date: 10/1/11 - 10/31/11	\$8.40	\$536,783.36	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time; In-Kind Date: 10/1/11 - 10/31/11; no \$5,000 contribution on one day	\$33,761.23	\$536,783.36	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel Expenses; In-Kind Date: 10/1/11 - 10/31/11	\$3,222.27	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$143,387.18

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....

\$143,387.18

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\$143,387.18

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/01/2011</u> through <u>12/31/2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>21</u> of <u>49</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors	I.D. Number 1322759
---	------------------------

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meeting Expenses; In-Kind Date: 10/1/11 - 10/31/11	\$3,091.36	\$536,783.36	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing & Publications; In-Kind Date: 10/1/11 - 10/31/11	\$484.24	\$536,783.36	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Supplies; In-Kind Date: 10/1/11 - 10/31/11	\$211.04	\$536,783.36	
10/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees; In-Kind Date: 10/1/11 - 10/31/11	\$167.50	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 22 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/9/2011	Yes on 29, American Cancer Society Cancer Action Network Inc. and American Cancer Society Inc. Ballot Committee Washington, DC 20004  Committee ID: 1326622	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Training Program 11/8/11-11/9/11	\$750.00	\$4,686.23	
11/9/2011	Yes on 29, American Cancer Society Cancer Action Network Inc. and American Cancer Society Inc. Ballot Committee Washington, DC 20004  Committee ID: 1326622	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Services 11/8/11-11/9/11	\$2,887.19	\$4,686.23	
11/30/2011	Yes on 29, American Cancer Society Cancer Action Network Inc. and American Cancer Society Inc. Ballot Committee Washington, DC 20004  Committee ID: 1326622	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Services 11/1/11-11/30/11	\$1,049.04	\$4,686.23	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing & Publications; In-Kind Date: 11/1/11 - 11/30/11	\$348.58	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 23 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meeting Expenses; In-Kind Date: 11/11-11/30/11	\$1,282.05	\$536,783.36	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees; In-Kind Date: 11/1/11 - 11/30/11	\$105.50	\$536,783.36	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Professional Fees; In-Kind Date: 11/1/11 - 11/30/11	\$543.00	\$536,783.36	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Supplies; In-Kind Date: 11/1/11 - 11/30/11	\$97.00	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA FORM 460  
Page 24 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel Expenses; In-Kind Date: 11/1/11 - 11/30/11	\$2,329.29	\$536,783.36	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time; In-Kind Date: 11/1/11 - 11/30/11; no \$5,000 contribution on one day	\$46,753.07	\$536,783.36	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage; In-Kind Date: 11/1/11 - 11/30/11	\$68.74	\$536,783.36	
11/30/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Copying; In-Kind Date: 11/1/11 - 11/30/11	\$13.81	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee



# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 25 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2011	American Lung Association in California Oakland, CA 94621	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time; In-Kind Date: 10/1/11 - 12/31/11; no \$5,000 contribution on one day	\$9,000.00	\$334,000.00	
12/31/2011	American Heart Association, Inc. Dallas, TX 75231	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time; In-Kind Date: 10/1/11 - 12/31/11; no \$5,000 contribution on one day	\$9,391.00	\$83,064.74	
12/31/2011	American Heart Association, Inc. Dallas, TX 75231	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel Expenses; In-Kind Date: 10/1/11 - 12/31/11	\$190.65	\$83,064.74	
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing & Publications; In-Kind Date: 12/1/11-12/31/11	\$96.44	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 26 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Legal Fees; In-Kind Date: 12/1/11-12/31/11	\$268.70	\$536,783.36	
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Travel Expenses; In-Kind Date: 12/1/11-12/31/11	\$1,720.80	\$536,783.36	
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Postage; In-Kind Date: 12/1/11-12/31/11	\$13.44	\$536,783.36	
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Copying; In-Kind Date: 12/1/11-12/31/11	\$0.48	\$536,783.36	

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 27 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. Number  
1322759

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meeting Expenses; In-Kind Date: 12/1/11-12/31/11	\$138.55	\$536,783.36	
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Supplies; In-Kind Date: 12/1/11-12/31/11	\$16.04	\$536,783.36	
12/31/2011	American Cancer Society, California Division, Inc. Oakland, CA 94612	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Staff Time; In-Kind Date: 12/1/11-12/31/11; no \$5,000 contribution on one day	\$25,340.77	\$536,783.36	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$143,387.18

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		SCHEDULE D	
from	10/01/2011	CALIFORNIA FORM <b>460</b>	
through	12/31/2011	Page 28 of 49	
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors		I.D. NUMBER 1322759	

SEE INSTRUCTIONS ON REVERSE

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 29 of 49
I.D. NUMBER 1322759	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Chris Lehman Consulting Arcata, CA 95521	CNS			\$2,500.00
Chris Lehman Consulting Arcata, CA 95521			Travel Expenses	\$407.50
Maurice Williams Orinda, CA 94563	CNS			\$3,500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$84,930.77
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$84,930.77

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2011 through 12/31/2011		<b>CALIFORNIA FORM 460</b>  Page 30 of 49
I.D. NUMBER 1322759		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rhys Williams Greenbrae, CA 94904	CNS			\$6,000.00
Chris Lehman Consulting Arcata, CA 95521			Travel Expenses	\$386.88
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$2,300.00
Anne Willcoxon Orinda, CA 94563	POS			\$331.23
Don Perata Orinda, CA 94563			Travel Expenses	\$77.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2011		
through 12/31/2011		Page 31 of 49
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors		I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Perata Orinda, CA 94563	MTG			\$1,390.41
Don Perata Orinda, CA 94563			Travel Expenses	\$2,148.36
Fidelio Media Group, Inc. San Francisco, CA 94118	WEB			\$75.00
Tramutola Oakland, CA 94611	CNS			\$10,000.00
Tramutola Oakland, CA 94611	POS			\$334.40

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/01/2011		
through 12/31/2011		Page 32 of 49
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors		I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Tramutola Oakland, CA 94611	FND			\$425.81
U.S. Bank Sacramento, CA 95814	OFC			\$18.01
U.S. Bank Sacramento, CA 95814	OFC			\$10.15
Fidelio Media Group, Inc. San Francisco, CA 94118	WEB			\$75.00
Tramutola Oakland, CA 94611	CNS			\$10,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through 12/31/2011		Page 33 of 49
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors		I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Polka Consulting Rescue, CA 95672	CNS			\$8,990.18
Arno Political Consultants, Inc. Carlsbad, CA 92008	PET			\$8,990.18
Chris Lehman Consulting Arcata, CA 95521	CNS			\$2,500.00
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$243.77
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$2,056.23

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2011 through 12/31/2011		<b>CALIFORNIA FORM 460</b>  Page 34 of 49
I.D. NUMBER 1322759		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Stephanie DeHerrera Orinda, CA 94563	FND			\$2,500.00
Rhys Williams Greenbrae, CA 94904	CNS			\$6,000.00
Maurice Williams Orinda, CA 94563	CNS			\$3,500.00
U.S. Bank Sacramento, CA 95814	OFC			\$10.40
U.S. Bank Sacramento, CA 95814	OFC			\$18.30

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through 12/31/2011		Page 35 of 49
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors		I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$2,005.36
Chris Lehman Consulting Arcata, CA 95521	CNS			\$7,500.00
Chris Lehman Consulting Arcata, CA 95521			Travel Expenses	\$86.39
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO			\$294.64
U.S. Bank Sacramento, CA 95814	OFC			\$10.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

**Schedule E  
(Continuation Sheet)  
Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/01/2011	
through 12/31/2011		Page 36 of 49
NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors		I.D. NUMBER 1322759

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Bank Sacramento, CA 95814	OFC			\$244.82

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL** \$84,930.77

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA  
FORM 460

Page 37 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Polka Consulting Rescue, CA 95672	CNS	\$23,890.33	\$0.00	\$8,990.18	\$14,900.15
Don Perata Orinda, CA 94563	Travel Expenses	\$0.00	\$4.25	\$0.00	\$4.25
Polka Consulting Rescue, CA 95672	CNS	\$25,000.00	\$0.00	\$0.00	\$25,000.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## SUBTOTALS

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$56,109.01
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$22,322.77
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$33,786.24  
May be a negative number.

# Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA FORM 460  
Page 38 of 49

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Arno Political Consultants, Inc. Carlsbad, CA 92008	PET	\$73,390.33	\$0.00	\$8,990.18	\$64,400.15
Arno Political Consultants, Inc. Carlsbad, CA 92008 Memo Reference: PAY227	PET	\$96,558.57	\$0.00	\$0.00	\$96,558.57
Polka Consulting Rescue, CA 95672	CNS	\$2,500.00	\$0.00	\$0.00	\$2,500.00
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$2,543.77	\$0.00	\$2,543.77	\$0.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

**CALIFORNIA  
FORM 460**

Page 39 of 49

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Willcoxon Orinda, CA 94563	POS	\$331.23	\$0.00	\$331.23	\$0.00
Don Perata Orinda, CA 94563	Travel Expenses	\$77.00	\$0.00	\$77.00	\$0.00
Don Perata Orinda, CA 94563	MTG	\$1,390.41	\$0.00	\$1,390.41	\$0.00
Anne Willcoxon Orinda, CA 94563	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

**CALIFORNIA  
FORM 460**

Page 40 of 49

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Willcoxon Orinda, CA 94563	MTG	\$0.00	\$188.65	\$0.00	\$188.65
Anne Willcoxon Orinda, CA 94563	POS	\$0.00	\$163.38	\$0.00	\$163.38
Anne Willcoxon Orinda, CA 94563	OFC	\$0.00	\$325.48	\$0.00	\$325.48
Anne Willcoxon Orinda, CA 94563	OFC	\$0.00	\$156.79	\$0.00	\$156.79

**SUBTOTALS**



**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period  
from 10/01/2011  
through 12/31/2011

**CALIFORNIA  
FORM 460**

Page 41 of 49

NAME OF FILER

Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Anne Willcoxon Orinda, CA 94563	Travel Expenses	\$0.00	\$870.72	\$0.00	\$870.72
Stephanie DeHerrera Orinda, CA 94563	FND	\$0.00	\$2,500.00	\$0.00	\$2,500.00
Olson Hagel & Fishburn LLP Sacramento, CA 95814	PRO	\$0.00	\$3,013.53	\$0.00	\$3,013.53
Tramutola Oakland, CA 94611	CNS	\$0.00	\$5,000.00	\$0.00	\$5,000.00

**SUBTOTALS**

**Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

**CALIFORNIA  
FORM 460**

Page 42 of 49

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Don Perata Orinda, CA 94563	MTG	\$0.00	\$735.39	\$0.00	\$735.39
Don Perata Orinda, CA 94563	OFC	\$0.00	\$601.24	\$0.00	\$601.24
Don Perata Orinda, CA 94563	POS	\$0.00	\$5.80	\$0.00	\$5.80
Don Perata Orinda, CA 94563	Travel Expenses	\$0.00	\$152.00	\$0.00	\$152.00

**SUBTOTALS**

Schedule F  
(Continuation Sheet)  
Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA FORM 460  
Page 43 of 49

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings
- MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads
- RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, email)

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Fidelio Media Group, Inc. San Francisco, CA 94118	WEB	\$0.00	\$297.56	\$0.00	\$297.56
Fairbank, Maslin, Maullin, Metz & Associates, Inc. Santa Monica, CA 90404	POL	\$0.00	\$37,000.00	\$0.00	\$37,000.00
SUBTOTALS		\$225,681.64	\$56,014.79	\$22,322.77	\$259,373.66

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 10/01/2011  
through 12/31/2011

CALIFORNIA  
FORM **460**

Page 44 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Don Perata

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Southwest Airlines Dallas, TX 75235			Travel Expenses	\$1,186.60
Hilton Checkers Los Angeles Los Angeles, CA 90071			Travel Expenses	\$961.76

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$2148.36

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 10/01/2011 through 12/31/2011	<b>CALIFORNIA FORM 460</b>
	Page 45 of 49

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors	I.D. NUMBER 1322759
---	------------------------

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

Schedule I  
Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2011  
through 12/31/2011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Yes on 29 - Californians for a Cure, Sponsored by the American Cancer Society California Division, Inc., American Lung Association in California, American Heart Association and Cancer Research Doctors

I.D. NUMBER  
1322759

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$00

Schedule I Summary

1. Increases to cash of \$100 or more this period.....
- \$00
2. Unitemized increases to cash under \$100 this period. ....
- \$00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- \$00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....
- TOTAL \$00

Memo Reference: PAY227  
Amount Reduced Due to Settlement Agreement

---

Memo Reference: PAY73  
Contribution is loan at 0% interest

---

Memo Reference: PAY77  
Contribution is loan at 0% interest

---

Memo Reference: PAY85  
Contribution is loan at 0% interest

---

---

Memo Reference: PAY89

Contribution is loan at 0% interest

---

Memo Reference: PAY106

Contribution is loan at 0% interest

---

Memo Reference: PAY118

Contribution is loan at 0% interest

---

Memo Reference: PAY120

Contribution is loan at 0% interest

---



Memo Reference: PAY125

Contribution is loan at 0% interest

---

Memo Reference: PAY168

Contribution is loan at 0% interest

---

Memo Reference: PAY189

Contribution is loan at 0% interest

---

Memo Reference: PAY192

Contribution is loan at 0% interest

---